Whither the autopsy?

Seth L. Haber, MD

Whither the autopsy? What will become of the autopsy? Whither the autopsy: Will the autopsy dry up and fade away? Whether the autopsy: Should we continue to do autopsies at the same rate? Whither the autopsy: Can we defend the autopsy as cost-effective and risk-effective?

The College of American Pathologists recognizes the autopsy as a valuable medical procedure and resource, performed by a qualified physician for purposes of assessing the quality of patient care, evaluating diagnostic accuracy, and determining the effectiveness and impact of therapeutic regimens. In addition, it is recognized as a valuable procedure for discovering and defining new and changing diseases, increasing the understanding of biological processes of disease, augmenting clinical and basic research, providing accurate public health and vital statistical information and education as it relates to disease, and obtaining medical-legal factual information.

Furnhere, the CAP recommends that a request be made for a screening autopsy that costs five to 10 times as much to perform? The radiologists could claim that you never know what unexpected findings will turn up at a well-done CT examination. If nothing else, a CT examination is a valuable adjunct to clinical skills, improves diagnostic accuracy, aids in the evaluation and continuing education of clinicians, provides valuable experience and information for residents, and may diagnose an unsuspected condition amenable to treatment in the still-living patient.

The autopsy is not a procedure that contributes to the health, welfare, or longevity of the subject. Perhaps in recognition of its lack of benefit or value for the subject, hospitals are not compensated directly for performing autopsies. Do we pathologists encourage autopsies and place such a high value upon them, merely because we are the only ones performing them? Surely, we can come up with a better raison d'être if pathology is to survive as a profession.

It is not sufficient justification merely to point smugly to the incidence of missed clinical diagnoses discovered at autopsy, or to the incidence of erroneous clinical diagnoses that are corrected. The key issue is to determine which of those diagnoses could have been made clinically, how many of those errors could or should have been avoided, and how maintaining or increasing the incidence of autopsies would improve diagnostic acumen in these areas. Can you document, at your hospital, where, how, and by whom the information gained at the autopsy is used and how it contributes to learning and improvements in patient care? There is no educational value, per se, merely in the autopsy, or the finding that a death was not a natural one. While providing such information on individual cases may be useful, the primary value of autopsies is in the aggregate is their ability to further our understanding of the etiology and pathogenesis of disease. To meet this objective, those engaged in autopsy work require knowledge, training, and experience, and they must be able to discern the similarities and subtle differences between cases. It is difficult to teach these skills.

The College of American Pathologists has recommended that autopsy data be collected and reported by geographic regions to facilitate the analysis of regional trends in diagnostic accuracy and to provide useful information for study. Autopsy data are collected by geographic region and are then analyzed for changes over time and for regional differences in diagnostic accuracy. The autopsy data are also used to identify areas where improvement in diagnostic accuracy is needed.

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Whither the autopsy: "Handle the blood and body fluids/substances of all patients who are potentially infectious.

"If we sharply curtail the extent of our examination for AIDS or hepatitis patients, we should do the same for all patients. After all, there are almost 30 times as many HIV-infected persons as there are persons we don't suspect, as there are living cases of AIDS."

Unfortunately, that practice would lead to the autopsy, a currently endangered species, becoming extinct. Should we require that all clinicians who come to view autopsies wear a gown, gloves, and face shield, as we do? Primum non nocere.

What really are the pathologists' and assistants' risks of contracting autopsy-associated in infections?

To date, there have been approximately 50,000 cases of AIDS reported to CDC. Some 150,000 have died; approximately 30,000 are still alive. There are an estimated 1.0-1.5 million HIV-positive patients in the United States, 1,000,000-5,000,000+.
In the millennium, there will be autopsy institutes devoted to the study of individual patients and human diseases.

—Gerald Black, MD

Autopsy centers

Interested in autopsies. Those invited by the perceived risks or intellectual challenges of autopsy work need not participate. Pathologists could acquire the experience necessary to become proficient in their vocation. Information and material could be collected prospectively and analyzed appropriately. The large numbers of standardized observations obtained through state and local pathology centers could provide high-quality epidemiologic information. Those who object to animal experimentation would have relevant alternatives to self-perpetuating murder and mayhem. That autopsy centers could provide high-quality epidemiologic information. Those who object to animal experimentation would have relevant alternatives to self-perpetuating murder and mayhem.

The mayor problem. In establishing regional pathology centers, certain government-sponsored clinical trials and investigations also should contribute to the financing of autopsy centers, and thus enable the benefits of better education and data. Families could pay for autopsies to ascertain if their relatives died of AIDS or not. Families could pay for autopsies to ascertain if their relatives died of AIDS or not. Patients could care and to medical knowledge. Although there are no easy answers, we do not think it is a problem for us to continue to deny the risks, avoid discussions, and express our concern.

Do those estimating for a significant increase in the autopsy rates speak for us all? What do you think? Let's have a public discussion of this issue. Perhaps we might poll pathologists and residents on their thoughts on the risks of doing autopsies, allocating one vote for each autopsy that he or she does each year. The literal meaning of "autopsy" is "to see for oneself." If you, as a pathologist or a clinician, have defined, diagnosed, and tabulated the risk-benefit ratios and negotiated with your colleagues and with your patients or significant others, please share with all of us the positive, the negative, and the steps you are taking.

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